ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) or GOVERNMENTAL AGENCY:	FOR COURT USE ONLY
GOVERNMENTAL AGENOT.	
TELEPHONE NO. (Optional): FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
CHILD'S NAME:	
PETITIONER:	
RESPONDENT:	
OTHER PARENT:	
APPLICATION AND ORDER FOR APPOINTMENT OF	CASE NUMBERS:
GUARDIAN AD LITEM OF MINOR—FAMILY LAW/JUVENILE	JUVENILE:
EX PARTE	FAMILY:
NOTE: This form is for use in juvenile proceedings and family law proceeding proceedings. For appointment of a guardian ad litem in civil proceedings, use	
guardian ad litem in probate proceedings, use Form DE-350, GC-100.	
1. I (name):	am the
	antule
a attorney for:	
(1) the minor.	
(2) parent of the minor.	
(3) other interested person (specify name and relationship):	
b. parent of the minor.	
c other interested person.	
d minor (answer all that apply to you):	
(1) My date of birth is (specify):	<b>¬</b>
(2) I live with my mother father legal guardian	☐ other (specify name and relationship):
(3) My mother's name is (specify):	
and her address is:	
(4) My father's name is (specify):	
and his address is:	
(5) I have a legal guardian. My legal guardian's name is (specify):	, and his
or her address is:	
	County, case no. (if known):
(6) I am a dependent child of the juvenile court of:	County, case no. (if known):
(7) I am a ward of the juvenile court of:	nty, case no. <i>(if known)</i> :
2. I ask the court to appoint the following person as guardian ad litem for the minor (sta	te name, address, and telephone no.):
	,
3. The relationship of the person listed in item 2 to the minor is	
a. parent	
b. other (specify):	
4. Appointment of a guardian ad litem is necessary because (specify):	
Attachment 4 (Describe in detail, attach additional pages if necessary).	

(Continued on reverse)

CHILD'S NAME:	CASE NUMBERS:
PETITIONER:	JUVENILE:
RESPONDENT:	FAMILY:
OTHER PARENT:	
5. The proposed guardian ad litem is fully competent to understan with that of the minor.	d and protect the rights of the minor and has no interest conflicting
Date:	
- <del></del>	
	•
(TYPE OR PRINT NAME)	(SIGNATURE OF APPLICANT)
CONSENT TO ACT AS	S GUARDIAN AD LITEM
I consent to the appointment as guardian ad litem, and agree to as:	sume the responsibilities.
D. (	
Date:	
	<b>\</b>
(TYPE OR PRINT NAME)	(SIGNATURE OF PROPOSED GUARDIAN)
CONSENT TO GUARDIAN BY MIN	IOR 14 YEARS OF AGE OR OLDER
I, (name):	, am (specify age): years of age and hereby nominate
(name):	to be my guardian ad litem to represent my interests for the
reasons set forth in items 4 and 5 of this application.	
Date:	
	•
(TYPE OR PRINT NAME)	(CLOUNTURE OF RETITIONER)
(THE SKITKINI MAINE)	(SIGNATURE OF PETITIONER)
OR	DER
THE COURT FINDS	
It is reasonable and necessary to appoint a guardian ad litem for the	e person(s) named in the application, as requested above.
THE COURT ORDERS that (name):	is hereby appointed guardian ad
litem of (name):	for the purposes hereinabove set
forth in item 4 of the petition.	
Application for an Appointment of Guardian ad Litem filed (date):	
a is denied.	
b. is granted.	at (Gara)
c is set for hearing on (date): .	at (time):
Date:	JUDICIAL OFFICER
	SIGNATURE FOLLOWS LAST ATTACHMENT